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Washington University in St. Louis

SCHOOL OF MEDICINE

Oral History Series

Washington University Medical Center Desegregation
History Project

Robert Lee, Ph.D.

Interviewed June 12, 1990 by William M. Geideman and
Edwin W. McCleskey

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Biography

Since 1972, Dr. Robert Lee has worked as Assistant Dean for Minority Student Affairs at the Washington University School of Medicine. He has been responsible for both the recruitment of minorities to the medical school and their adjustment to the stress and demanding lifestyle they find once they arrive. Born in St. Louis on July 18, 1944, he attended Central High School and then received his degree from Harris Teachers' College in 1966. After working for four years in the St. Louis Public Schools, he became Assistant Director of Admissions at Illinois State University. In 1972, Lee was hired by Washington University. In 1979, Dr. Lee received his Ph.D. in counseling and is a licensed psychologist. Washington University has greatly exceeded the national average for the entry of Black medical students every year since Dr. Lee was hired (1972 to 1991).

Maybe you can start by telling us what drew you to Washington University.

A fluke. I am a native St. Louisan and my undergraduate training is in elementary education, but I knew since the time I was in high school that I wanted to be a university professor. I just thought that they were cool. When I was in high school there was a group from St. Louis, because I came in right at the integration point, called Integroup Youth and it was sponsored by the National Council of Christians and Jews and we used to meet once every month out at the Washington University campus. That was when there were street cars which used to roll down what is now Forest Park expressway. I was one of the only Black kids in that program. I had gotten off at Skinker and Millbrook, that is before it was called Forest Park expressway, and I was walking across campus trying to find the building and I saw this Black guy with a briefcase and I thought, "Whoa, tough stuff," and so I said I want to be like that someday. My grandfather, who was an uneducated Baptist preacher, fourth grade education, read constantly. He just had books and books and books and used to say to us read, read, read, study, study, study. I am the ninth of nine children and he used to say, "Bob, one day you are going to be somebody." I took that to heart. To be somebody I was going to have to learn as much as I could learn. So I always wanted to be a university professor.

I went through elementary education at Harris Teachers College, taught in the classroom for two years, taught music. I don't have a degree in music but I played the piano and have been involved in music since I was 12. I agreed to teach music but I still wanted to be a university professor. I had an interview at Southern Illinois University, Edwardsville, but the job wound up going to the vice provost's nephew. So I said the hell with it, this was in 1970. The weekend before I was to start teaching in my fifth year, I got a call from Illinois State University in

Bloomington, Illinois. Ron Jackson, who was head of the A World of Difference Foundation, had been the admissions counselor at Illinois State and he was returning to St. Louis and they were looking for a Black person to go into that role of admissions counselor. Somehow my name popped up and so I got called up there. The weekend before Labor Day I interviewed and the Tuesday after Labor Day I was to start work. I started work and at 2 o'clock, they called and offered me the job at double my salary, at that time teachers were making about \$6000 a year, so that was big bucks: so off to Bloomington I went.

After two years there of being on the road as an admissions representative and because we only recruited within the state you drove every place. In a weeks' time I could put 1500 miles on a car. After I fell asleep at the wheel and almost ran into a moving train, I figured it was time to get off the road. There was nowhere to move within the Illinois State system. A buddy of mine, a fraternity brother, was a medical student at Washington University. He and I had both gone to elementary education. After finishing that he went and got his pre-med requirements out of the way and was admitted to Washington University. So he was here and I had been home over the weekend and he told me, "Why don't you write to Washington University and other schools, because you are trying to get away from Illinois State." I wrote to John Schultz who then passed it on to John Herweg who wrote back to me thanking me for my interest but they really had no positions. Rumor has it that there was another man who had been looked at for this position (the Coordinator for Minority Student Affairs), but close to the last minute he did not take the job. In July, I got a letter from Dr. Herweg saying that a position was open, would I mind coming in for an interview. I interviewed on or about the fourth of August and met Dr. [John] Schultz, Dean [John] Walters was not in then. I came back for another round of interviews and met with the Dean and the Vice Chancellor, who is M. Kenton King. There were two Black

physicians, [Howard] Phillip Venable and John Anderson, who were the first members of the committee. On October 2, 1972 I came on board.

At that point this role was called coordinator for minority student affairs. When I talked with Dr. Herweg I told him that whether you hired me or the man in the moon this position ought to be at the assistant dean level because everybody else who was in here is either an associate or an assistant dean. I said that this is a position that if it is not perceived as one that has any meat, people are going to poo-poo it. I said also whether you hire me or somebody else, and I was not really being a smart mouth but simply saying I have a job, it is not necessarily the job I want at Illinois State but I have a job so I can say what I have to say. I was simply saying that whether you hire me or somebody else, you really have to get somebody in here who is willing to go to bat, because I knew the problems I had run into at Illinois State and though I was not designated as a minority recruiter that was a large portion of my responsibility and I knew the resistance that I had met there and certainly going into a medical school, my perception of medical school was that everybody was hoity-toity and a stuffed shirt and there were going to be a lot of conservative people who were against change and opportunity. So I said the man or woman you bring in here really has to really be able to go into battle. Not necessarily abrading people but taking a stand. So I came on board as coordinator, the Dean and Vice Chancellor and Dr. Herweg agreed to give it a year and then see what happens. I think they were looking to see what my capabilities were within that year, but also how the faculty, and you know that this place runs by the Executive Faculty and if a Bob Lee were to come in and abrade too many people, the Executive Faculty would be saying off goes his head. My responsibility primarily was with the medical school, but a portion of my responsibility was to the dental school and they paid a portion of the salary.

Under the umbrella of the medical school I had some responsibility for recruitment for Occupational Therapy, Physical Therapy and Health Administration. The most infamous encounters were with Beatrice Schultz who was the PT director. Bea Schultz was a little old lady who did not believe that men belonged in Physical Therapy, that is a woman's position and she fought tooth and nail to avoid admitting men, and she was less enthusiastic about subgroups, Blacks. She was basically a redneck. In the first year, we published the first minority brochure and so I wanted to spread the cost, because my office had no budget, between medicine, dental medicine, QT, PT, and health administration. Well, Bea Schultz came up with this great formula that since they only take two Black students out of a class of 40 that is one-twentieth of the cost and since the book was going to cost \$5,000, one-twentieth of that would be \$100 or some such number as that. I'm saying, "Get real lady, a hundred dollars." We really went toe to toe, and I was a firebrand, and I am less of a firebrand than I am now. I lit into her and one Samuel B. Guze called me down to his office and said, "Bob this is not the way to do it." I said, "I understand but she is a redneck, she is acting ugly and to even talk about paying \$100 on a \$5000 bill makes no sense to me." I found myself getting so angry, pointing my finger in the Vice Chancellor's face. I was saying to myself, have I lost my mind. But I was had really gotten upset because it was just plain old crap, just plain old crap. Apparently I convinced the Vice Chancellor and he said to Bea Schultz, "You pay the hundred dollars and I will make up the rest." I was not satisfied with that. She was getting the benefit of it so she should pay her fair share. So she kicked in some more money and the Vice Chancellor made up the rest.

So that is really how I wound up at Washington University, really on a fluke, because somebody else I think had turned down the job. No one has ever confirmed this to me, but my

buddy Jim Hudson, who was a student here, was saying that they interviewed an older man, like 50 years old. After he had agreed to take it, he backed down.

The hiring of you was the big turning point in minority recruiting.

Yeah, back in 1969 the Council of Deans from the Association of American Medical Colleges made a statement that talked about the responsibility of training minority physicians. So Washington University up to that time had a very meager record. The School of Medicine was founded in 1899, really 1892 with the blending of the St. Louis College of Medicine and the Missouri State Medical School. From its history, the first Black student came to this school in 1951 and in 1952 he was bumped off for academic difficulty, at that time there was no such thing as an individualized program. The second Black student, who eventually became the first Black graduate, came to the school in 1958 and graduated in 196: James Sweatt, who is a cardiothoracic surgeon in Dallas. Dr. Julian Mosley, who is an East St. Louis product, became the third Black student to come into the school, he came in 1968 and graduated in 1972. In fact, he graduated in May before I came. During that summer when I was going on the circuit meeting people he was one of the people who interviewed me. So Julian became the second Black graduate of the school and the first Black St. Louisan to graduate from this school.

Essentially in this genre of Black graduates Julian Mosley is the dean, because he is the old timer and he is in town which makes it real convenient. In 1969 another man came in, Will Anderson, from Fisk [University] and at the same time Phil Grimes came from Jackson State [University], and Holtring Graham transferred in 1970 from University of Oklahoma, and Jeff Miller who had attended UMSL [University of Missouri-St. Louis] when UMSL was in its

neonatal stage. In the entering class of 1972 there were 14 Black students. That is significant, because at St. Louis University there were 21 entering Blacks, so to some extent they were thumbing their collective noses, the students and the faculty of St. Louis University, saying WashU is such hot stuff, we have more Black students in our class than you do. In the spring of 1973, 11 of those students had been bumped off because they had no individualized program, so that class was decimated and the emotional trauma of having half the Black students dropped really put St. Louis University's effort into a tailspin.

That 1972 class had already been seated in August and I did not come in until October. The students to some extent looked at me skeptically, because everybody who had preceded the 1972 class had war stories about people who either through benign neglect or an act of "Why are these Black folks here" did things that were insulting to Black students, that were deleterious to their academic progress. I am a believer that in any kind of situation that once you get control of the mind everything else goes. The Black students had been intimidated, had been scandalized and there are faculty—I lit into a faculty member who had proudly stood in front of the class and was talking about some disease process and in essence was saying that a lot of the sexually transmitted diseases that are known to mankind are transmitted because Blacks are promiscuous. Just a lot of war wound stories. So the 1972 class that had come in through their own experiences plus all the war stories were very skeptical of a Bob Lee by whatever name coming into this position. He was going to be the spook who sat by the door, he was going to be the front office man to sanitize the Washington University image, because again for almost 72 years the school had done nothing in terms of training minority physicians. So it took a while.

I guess I was here two years before students really began to see that, one, I was sincere about what I was doing and I could not speak for the whole faculty. I can certainly say that John

Herweg was a supporter, [as well as] Kenton King and Sam Guze. I was not privy to every conversation they had between and among themselves and they may have felt that the admission of Black students was the worst thing to ever happen, but they always were supportive of our efforts. The fact that we eventually got a budget, because initially when I came on board all the spending I had to do I had to go to John Herweg to explain why I wanted to spend, even to paper and pencils. I went and talked to the Dean and told him that we needed to establish a budget because you just can't do anything if every time you want to buy a pencil you have to go and ask someone permission to do that. So the Dean established a budget for this office.

We tried to establish credibility, tried to do everything timely and in order, because I take great pride in the work that we do and if you are not going to do it well then let's not do it at all. We periodically go through all the programs we do and those that we don't do to my satisfaction and quality, we excise them, because we do not have the time, efforts, resources and people to be putting these things into programs that are not effective, not productive or not done well. Roy Vagelos was head of biochemistry when I came on board and he was also chairman of CARP I. Roy Vagelos was also a very strong supporter. When Roy left to go to Merck, Max Cowan who is head of Anatomy and Neurobiology, took over as chairman of CARP. Rumor has it that Max was one of the prime movers for the school to get involved in minority medical education. Because Max was from Johannesburg, South Africa students were skeptical of him and I too was skeptical of him. I knew of the blatant oppression going on in South Africa and in my mind anybody coming out of South Africa who didn't look like me had to be suspect. Max acknowledged that in a meeting with him one day he had asked me to come into his office and I went up there warily and he acknowledged that, "I am from South Africa, but I have nothing to do with where I was born." It was long after that conversation that I actually realized that he was

one of the spearheaders in minority medical education. I think Bill Landau in his own Landauian style kind of poked the Executive Faculty into getting involved. But Max Cowan really turned out to be a very strong ally for Black students and when they felt they could not talk to other people he opened his doors and spent a fair amount of time on one-to-one tutorials.

Backing up a bit, prior to 1970 this school had no tutorial program or individualized program. So prior to that time they said, "Well, everybody we admit here is going to be strong and they don't need help." Well, every year there were people, before there were Black students, who were getting into academic difficulty. And what they did, they bumped them off. You either marched with your class or you marched out the door. So when Black students first started coming on board they said, "Well these poor Black students are going to need some help, so let's set up a tutorial system." Also, other students had begun the individualized program. I think Dr. Herweg pretty much introduced that idea to the Executive Faculty, where a student who got into difficulty could have the opportunity to slow his or her pace down, get in step and then become a stronger student. The tutorial program is a situation that was only available to Black students, and MSTPers [Medical Scientist Training Program], as part of their walk through the medical school, were required to tutor. This obviously began to take a fair amount of time, so they began to sweeten the pot. When I came on board they were paying about \$3 or \$4 an hour to tutor. Down the road, white students began to say, "Wait a minute why can't we get in on some of this tutorials because we too can use some additional tutorial time. Why can't we get involved in the individualized program, because sometimes we may have need to slow down." Prior to that time you did not take leave of absence very easily, if you got sick you might have to withdraw from medical school and so on. Initially I think the faculty bought that idea that this is only set up for Black students. Somebody convinced the faculty that this was a situation that was beneficial to

[all] students. Over the years there have actually been percentage-wise and number-wise more white students taking advantage of tutorial assistance. There have been probably more Black students taking the individualized program, but since we have gone to the trimester system, we have had more white students who have also engaged in the individualized program. It really is ethnicity neutral, the tutorial program and the individualized program. They are designed to help students salvage careers and it has worked.

I was struck when I first came here to Washington University that it is a very nurturing environment. You just assume that everyone is going to make it through and do whatever we can to see this through. It sounds as though this did not exist before 1970.

In medical education in general it did not exist, not just at Washington University. If you started medical school in 1964 and you stubbed your toe you were asked to leave. It has been a nurturing environment.

All this was instituted as part of minority recruiting?

Right, and all this was before I came on board. Now interestingly as we are harking back to the Reagan administration, talking about the trickle-down theory, here we have a trickle up theory. It was intended to benefit a few but the masses of medical students, most of whom are white males, benefitted. I would suspect that had minority medical education not been instituted at this and other medical schools that the kind of support programs that we have today would have been much longer in being instituted. When I came here the medical school class was 120.

Prior to that time it was 95 and then it went up to 110 and then up to 120. Many schools were expanding their classes because there was very clearly a shortage of physicians but also I think one of the motivations for this school to increase to its class would be to neutralize the charge that Black students are taking the place of what the world, the nebulous they, felt were taking places of qualified white males. So by expanding the class there could be no accusation that Black students were bumping off the white males who should be going to medical school. Even today at the beginning of every academic year John Herweg gets a hot letter or a hot phone call saying, "You let the damn niggers in, but you don't let me kid in, and they are taking the place of my kid." Or, perhaps more vitriolically, you have been committed but you don't let the Jews in.

You have told us about the programs that existed before you but the real revolution in minority recruiting occurred with your hiring.

Well, the school started, John Schultz, John Herweg, and to a much lesser extent I think John Walters and other members of the admissions committee used to travel to predominately Black colleges for obvious reasons. In the early '70s the bulk of Black students who were on any college campus were at Black colleges because the Brown [University]s, Harvard [University]s, Yale [University]s, Princeton [University]s, Cornell [University]s, etc., were not accepting. They were often accepting Black people who look like [whites], fair skinned, came out of educated families, doctors, lawyers, teachers, preachers, and so forth. A youngster who [was darker skinned], a youngster who came out of a poor family did not get into the Cornells and Browns and so forth, so most Blacks were going to Black campuses, and integration wasn't that old. So that was where they did most of their recruitment. Such schools as Jackson State [University] in

Mississippi, Tougaloo [College], which is a small United Negro College Fund school in Tougaloo, Mississippi, it is like Floirissant to St. Louis, Fisk [University] in Nashville, Dillard [University], Howard [University], predominately Black Catholic schools. When I came on board I continued in that vein, but I also tried to expand to see what Black students were on Ivy and state campuses, who were looking at medicine.

Probably the first big program we did was to expand the recruitment as well as to develop the minority brochure and we sent it out to just a number of schools. We also began interacting with the advisors, certainly at predominately Black colleges. So I knew a lot of people by name because I have a common name, if you don't believe it then look in the phone book, you will find 37 other Robert Lees. So Robert Lee, that is my given name, I go by Bob, but at home I am still Robert. Bob Lee is an easy name to hook on to. I got to know a lot of people and a lot of people got to know me. I did a lot of traveling onto campuses. I was single and younger than I am now, so I could be gone ten days on the road. That kills me today and with two youngins I can't be on the road ten days. A lot of our recruitment has been through the mail. John Herweg has started us involved in a thing called MedMAR, it stands for Medical Minority Applicant Registry. When Blacks, Hispanics, Native Americans, main land Puerto Ricans, and low socioeconomic whites, take the MCAT, just by self-identification they can ask that their names be included in the MedMAR listing. This lists about 4200 people who ask to be listed. It provides to us: names, addresses, schools of attendance, majors and MCAT scores. Typically we have written to Blacks and Hispanics. We have had our greatest success obviously with Black students. We don't do very well in the recruitment of Hispanics, simply because there is not an identifiable Hispanic population in St. Louis, although there is a very large Puerto Rican population in Chicago. Even when I was at Illinois State, which is only 156 miles from Chicago,

we found that we had one heck of a time getting Puerto Rican students to leave the proverbial nest. We would get Puerto Rican students [on] the campus and within a semester they would be back home. So we have not done very well with Hispanics and Puerto Ricans.

Do you know there was a time when it was on the books that this school would not allow Blacks in before 1947?

[Well,] Barnes Hospital would not allow Black patients in.

Do you know if that was also the case with Hispanics?

I have not ever heard that said. Now, [Philip A.] Shaffer was not an egalitarian. I think he was the only Ph.D. dean this school has ever had. Apparently Venable and other Black physicians met with him sometime in the history, talking about bringing Black faculty on board, bringing Black students on board, setting a pathway where Black physicians could get admitting privileges to the Barnes Hospital. Phillip Venable will tell you that [Philip A.] Schaffer in essence said, "You all go to hell," that as long he had anything to do with it, there will never be Black students in the school and there will never be Black physicians admitting to the hospital. There was not a lot of support for minority anything at this school, which is why when minority patients were admitted to Barnes they put down by the laundry room, in what is now the basement. I can remember that when I first came here, that what is now the ophthalmology clinic, and where the OB office is, that was wards and it was an open ward. Most of the patients there were Black or poor. When I went by there they would have the draperies open and there the

patients lay in bed. Helen Nash was the first Black physician to have admitting privileges at the [St. Louis] Children's Hospital. When they did have Black children who were patients of Black physicians who needed to be hospitalized at Children's, due to the specialized care at Children's, Dr. Park White had to admit the children for Helen Nash. The Black physicians could visit their patients but they could not round their patients. There was just a lot of indignation.

Homer Phillips Hospital was built about 1933 or 34. I was born at Homer Phillips Hospital. It was the pride of the St. Louis community. Homer Phillips the man was a lawyer who was fighting City Hall tooth and nail for its racist behavior and the poor quality of service given to colored people. Homer Phillips was gunned down right here at Delmar and Bayer in an unsolved mystery. It is speculated that his assassination came about because of the pushing and the thorn in the side he was to the status quo.

Do you think it is felt in the community that health care for Blacks has deteriorated since Homer Phillips closed? Have the other hospitals pulled up the slack?

When what used to be called [St. Louis] City [Hospital] No. 1, the [Max C.] Starkloff [Memorial] Hospital down on 14th street—when Homer Phillips was closed as a primary care unit, then everybody in the whole city had to go down to 14th Street and Lafayette [Avenue]. So if you lived at Kingshighway and Bertram then you had to really plan to get around and I think people didn't have time when they were on four or five buses. When you were already not feeling well it just makes it all the more difficult. With the [St. Louis] Regional Hospital, it has such large use. Barnes Hospital now takes care of a large number of patients in the outpatient emergency room or outpatient clinic, plus CMC, the Central Medical Center, which is a hospital

in North St. Louis, owned by a consortium of Black physicians, located on Taylor and Rosalee. I think that it may be perceived that health care is better than it was but health care is still very expensive. Dr. Steven Keith who is on Ted Kennedy's staff, he is the chief of staff for health. Steve was the associate dean at Drew medical school [Drew University of Medicine and Science] in Los Angeles, before joining Kennedy's staff. He did a study that showed that 93% of Black physicians go back into the Black community and practice. Black health care continues to be provided by Black providers. To wit, the bulk of Black patients who are being seen in a private office in St. Louis are probably still being seen by a Black physician. That is not to say that other physicians are not seeing them, but because of the proximity within the community it is more likely that a Black patient is going to go to Kingshighway than to Ballas Road.

Given that, is there ever been an attempt to recruit locally rather than nationally for Black medical students?

We do that. We get a lot of data from the AAMC [Association of American Medical Colleges] and we can tell from year to year how many students come out of each college. We can see what the action has been, admit, reject, and on and on. We also find out which state produced how many students. When we wrote our grant for the summer program, we found that in 1986-87 school year that only 33 Black students from the whole state of Missouri, students who call Missouri home, applied to U.S. medical schools. Of that number 13 go in. The numbers have not changed. The highest number we have had in the past eight years of Missouri residents applying to any medical school is 41. When we were writing the grant for the first time in 1986, an interesting piece of data came to my attention. The one city that has produced the greatest

number of Black students to this school is Chicago. We have graduated 170 Black students from this school since 1970. We have probably had 47 Black students in the school from Chicago. They have come from Illinois universities, they have come from the Stanford [University]s and the Harvards and the Fisks and the Tougalooos and so on, they have come from all over the country in terms of their undergraduate college of origin, but Chicago is their home. Chicago has a larger citizen population than does St. Louis, it's well into three million people in Chicago and of that number probably 40% are Black in the city proper. Then you get to Robbins and other communities such as Chicago Heights that just add to the numbers. So to that extent, Chicago has a rich pool.

Right now I am trying to put together a workshop this fall for pre-med advisors looking only at minority medical education issues. In the DSS [Distinguished Student Scholar program] we have had more students look at Washington University than if there had never been a DSS. In my 18 years here we have never gotten a large Black applicant pool out of Cal Berkeley [University of California, Berkeley]. We have ten this year because we had four students in the summer program last year from Cal Berkeley and they went home and told others about Washington University. I am looking now at bringing Peter Van Houten, who is the pre-med advisor at Cal Berkeley, into this program. So we are trying to see what schools produce the largest number among the Ivies, and I will call Cal Berkeley an Ivy. Cal Berkeley sent us the largest number of Black students, followed by Yale and Brown, with Harvard a distant fourth. Of historically Black colleges, Howard in Washington D.C. has sent us the greatest number, but the all-time largest number for this 1990 entering class was Andrews University, a Seventh-day Adventist school, which is not a predominantly Black school, in Berrien Springs, Michigan.

Did you have a connection with this school?

We had three students in the program last year from Andrews University who just told folk, “Look at Washington University.” And so, though the program is really a very massive effort on our part, it is reaping benefits. Two years ago our Black applicant pool was 310, last year it was 375, and this year it was 437. So we went up 52 applicants, almost 12%. So it works our tails off to have these four summer programs, one high school, two undergraduate and a pre-matriculation program, but it reaps some benefits. The school that produced the largest number of pre-meds who get in and succeed in medical school is first and foremost Howard. Howard sends about 56 kids a year to medical school. They are followed by Xavier [University] New Orleans, the only Black Catholic school in the country, which sends about 47 kids a year to medical school. So Howard, Xavier, followed by Morehouse College—which has historically trained more Black physicians on the undergraduate level than any college in the country, because within the Black community Morehouse was it. We have two students in the summer program now who are from Morehouse. When you talk about the “Morehouse Man,” it is the penultimate because it has always been a very strong school and it has always produced leaders: Andrew Young, Maynard Jackson, Benjamin Mays, Hugh Gloster. If you just look at Black male physicians at St. Louis you will probably find 20 or 30 who went to Morehouse College because it was the elite school for Black men. Its sister school right across the campus is Spelman [College]. They along with three other schools make up the Atlanta University Complex, a consortium of Black colleges. It is a recruiters dream because always on the third Tuesday in October they have the Atlanta University graduate and professional recruitment day and

everybody and his cat who is looking for bright Black students is there. The other schools in Atlanta work their schedule around Atlanta University's.

We do find ourselves marginally recruiting in St. Louis. One of the things we have found is that we are getting more Black students from Washington University. Now it is not a carload full. In any one year a large number of Black students who are in the pre-med track who are applying to medical school is 11. But now you must remember that historically Washington University has only brought in, up until just recently, 38 Black students in a year. One year they had 22 Black students in the first year class out of a total entering class of about 1200. In one year the large Black applicant pool out of 446,000 applications was 78 Black students. That is another story not meant for public consumption. They are doing a much better job now but they at one point were really sitting on their keesters.

Is there any real push to get Black students into the MSTP program?

You don't know this yet and this is not for public consumption because there is something that will be announced hopefully within the next two to three weeks, a very big initiative. Through the years I have been nipping at the heels of Carl Freiden, Elliot Elson, Luis Glaser, the whole bunch of people up there saying, "Hey, why are you not looking at Black students?" I do not have any responsibility in and about or for MSTP. And when they said, "Well Bob there are not a lot of Black kids who have had research experience." I said, "Balderdash, there are two very large national programs, one is located at only minority colleges and the other is at national colleges. One is MARC, Minority Access to Research Careers, which is only at minority colleges. These kids are put on scholarship and they are required to do research and

they go through a very extensive screening experience at the undergraduate level and they have three and a half almost four years of research. The other one is called the MBRS, Minority Biomedical Research Symposium, which is at any college.

We were wondering if there were any explicit goals for the recruiting program as far as numbers, you can imagine trying to hit the same as the population percentage.

Of the identified underrepresented minority groups there are Blacks, Hispanics, Native Americans, and mainland Puerto Ricans. By the way that is a thorn in the side of commonwealth Puerto Ricans because they can leave the commonwealth, land on U.S. soil by marriage or some such commitment and become a PR and then they are covered. But of the four groups Black Americans have been our focus. Black Americans make up about 12% of the national population. In St. Louis City, it's a 47% Black population, just in the confines of the city. Within the region they make up about 22-25% of the population, so that has been our focus. So we are looking at a goal of about 12% representation. So in a class of 120 students ostensibly that would be about 14 or 15 Black students. The past three years, there has been a significant crossover in the admissions process. Crossover here meaning that we and the cast of thousands of medical schools are accepting the same people. We are in a 13-school consortium; 13 prestigious research, teaching, patient care, medical centers. They are WashU, Duke [University], Harvard, Yale, [Johns] Hopkins [University], Cornell, Pitt [University of Pittsburgh], Penn [University of Pennsylvania], Case Western [Reserve University], Stanford, Columbia [University] and two others. Every school is going to go after the cream of the crop for whatever population, and so these 13 schools plus state schools are going to be going after the super duper minority

youngsters who have numbers that are going through the ceiling. As a result, three years ago there were 10 Black students in the class, two years ago there were nine and last year there were eight. Right now we are hanging on to a very tenuous nine, and that is because all the other consortium schools are accepting the same youngsters, but also state schools are going after them. Of the 52 private medical schools in the country Washington University is ranked 47th in cost. So there are only five or six schools whose tuitions are cheaper than ours. The mean family income of Black students going to medical school runs between \$19,000 and \$25,000. The mean income for entering white students at this medical school is about \$45,000. A student this school, we looked at his financial aid yesterday, this is a family of four, the family income is \$20,250. That student is going to walk out of this school up to his hair follicles in debt. That impinges on our ability to improve also. A student wants to come to a Washington University but is saying, "I want to practice pediatric medicine at Kingshighway and Natural Bridge, but how can I walk out with \$63,000 to \$75,000 indebtedness and practice pediatric medicine or family practice."

So the solution to this is would be scholarships.

Aha, the word. The DSS, a very small portion of the freshman class of 120 are eligible for consideration for that because the criteria say you have to have a 3.67 with a minimum of 67 MCAT. A 67 MCAT would put you about the 88th percentile. So the DSS is color blind but it can really bump off a lot of Black students, a lot of white students for that matter. So four years ago now I went to M. Kenton King saying that in the absence of any specific scholarships designated for minority students, I wanted to set up a scholarship program, first going to, as donors, Black graduates. Because we have a history now, there are enough people now who are

out who are getting a little firmly established and so we went to them and some of our senior graduates have made some very, very nice contributions. In fact last year when I came back from vacation Ruth Lang said there was a letter on my desk. Dr. X, who graduated from here, was in town and came by to see me. And she was smiling. So I went into my office and opened the envelope and found a check for \$2500. So we have gotten money from them, we have gotten money from the Black physicians group, some of our departments have made contributions. One of our departments is a very good benefactor to our program. So we established two \$5000 scholarships for minority students. This year because we had some extra money we established a one year full tuition scholarship. That is a scratch in the overall indebtedness. What we need to do is get enough scholarships not just for two or three people, and frankly I would rather see the money for four half-tuition scholarships so that we can get more people rather than giving all the money to one person. We are spending principal we are not spending any dividends. We are spending straight principal because as soon as we are getting the money we are spending it again. But to some extent it is an auction whereby one of the students who is in the pre-matriculation program here turned down a full four year scholarship to Baylor [University] to come here, she got one of the \$5000 scholarships here. On the practical side you have to wonder about the woman's judgement. But this is where she wanted to go to medical school.

So the sources of the money have been the Black graduates, the Black physicians group and departments here. So the medical school itself is not involved.

I am still working. I have talked with S. B. Guze and M. Kenton King and William A. Peck, and I think that the current Dean/Vice Chancellor for Medical Affairs really does see the

need for scholarship support. Again, a goodly number of our Black graduates are involved in academic medicine and that is not bad at all. A lot of people come in saying, "Gosh, there is a dearth of health care providers in the minority community that need to be getting back there." But also, minority students need to see minority physicians in the lab, they need to see minority physicians training house staff and medical students. So if some of them will consider academic careers and since we are a prime school for training academic physicians. In order for us to be able to encourage young people to go into those careers we have to get them here. And similarly if they are going to do an academic career they cannot be \$80,000 in indebtedness, because an instructor in medicine, and I don't have this as the gospel truth but I would imagine that an instructor, the lowest level academic appointment, probably is making \$35,000 to \$40,000 a year as a first year salary, and \$40,000 when you have a wife and a baby and a car and a mortgage doesn't take you very far when you start looking at a significant education indebtedness from the undergraduate as well as the medical school. So scholarship is the answer if we are going to be even considered. Outside of the MSTP, scholarship is the answer if we are going to try to encourage students, especially minority students who come in with less family dollars to fall back on. Otherwise they are going to have to either choose to go to a school where they are given significant scholarship support.

A point I continue to make and I say it with all the vehemence I can, I have great respect for the Isiah Thomases and the Michael Jordans of this world, etc., but a school will pay big bucks, legally or illegally, to recruit a youngster to school who can put a ball through a hoop or run a pigskin down to the goal line. Why don't we as an institution, the institution of learning, invest in Black talented minds? If you are going to put some much time and effort and dollars into recruiting athletes, why can't we do the same kind of thing for Black academic talent? So as

often as I get a chance to sing this song to the power structure, and John Herweg has been this singing this song to the power structure and as many people as possible are singing this song, because we must be able to give those kinds of monies. Otherwise, last year Case Western Reserve beat the socks off of everybody, I don't know how they have been able to print this money without going to jail but they really just culled off the cream of the crop, because they found some scholarship money some place and I think some kids who we thought were in our basket are now sitting in the Case Western Reserve School of Medicine because of the Black scholarships. So right now the only designated scholarships for minority students are the dollars that I and my committee, and we are a bunch of hacks, we are well intentioned people who don't know what they are doing. We are trying in an organized way to put together an approach to people to get money.

When we had the WashU Revisited program back in March, we had 16 Black students come who were ostensibly in our bag, only one of the 16 came with only one offer to medical school. The average number of offers was four, and one woman had eight and she just pulled out last week to go to that little school in Raleigh-Durham, North Carolina called Duke because they had given her a full four year scholarship. So we just must be able to, institutionally—because with all the well intentioned work that we do with these minority scholarship committees which are made up of some faculty, some local physicians and some people who are not even in medicine but who are well-wishers. That effort pales compared to the task. And this institution through the raising of a hand to vote it in, I think could designate that we are going to put these dollars into scholarship. Because you can have a hundred Bob Lees going out and recruiting the best crop of Black students in the nation and showing them the enormity and the magnificence of

the Washington University Medical Center but without the greenbacks to say you can go to this school and not walk out \$80,000 in debt, it has been in vain.

We are going to keep on working to encourage youngsters to come here, even for students who are in the position of looking at scholarship at school X and no scholarship at WashU, I try to give them what I call informed information so that they know that yes, they are going to be in debt and if I feel that I have talked honestly and realistically about that then I think that I have fulfilled my obligation to them, as opposed to saying, "Come on down don't worry about the fact that you are going to be X thousands of dollars in debt." I don't even do the exit interviews, John Walters does. He says that students, Black and white, male and female, sometimes blanch even though they try to keep students apprised of their indebtedness. He said last year a student was \$71,000 in debt, he said that the guy just got white as a sheet and his head kind of flopped back. It just had not registered the level of indebtedness. That is more than a starter home. And I wouldn't pay off the mortgage in 10 years and you have to pay back your student loans in 10 years. So we have to have scholarships and as loudly and as often as I can say that, hopefully it falls on fertile soil.

You said that in 1972 that before you took over here that they had 14 Black students in the entering class. Who was responsible for that?

That was due to the collective efforts of Dean Schultz, Dean Herweg, Dean Walters, and I am sure Drs. Venable and Anderson. I do not remember exactly when they came on board but they were here before. I was so I would imagine that they were here about 1970, and so they were very helpful in recruiting Black students, because Black physicians on the admissions

committee at any medical school was still a very innovative experience. Anderson was a psychiatrist and Venable was an ophthalmologist and they were assistant professors of their specialties. The tuition is now \$14,900 and back in 1972 it was \$2200. So through the collective efforts of these individuals—plus Black students were very active in trying to help to get a core group of students here. I am meeting next week with currently enrolled Black students so that we can go on a strategy that will help us in bagging students. Because all of the efforts of all of the Bob Lees in the world pale compared to one blessing, anointing Black student to an applicant saying it is all right to come here. Because as well intentioned as all the Bob Lees in the world may be, until that student establishes a knowledge of the Bob Lees you are just trying to sucker him in.

One of the things that I have found to be very gratifying is that I know a lot of students around the country, students around the country know me. I was in Chicago last year at a conference and an individual walked up and said, “Bob Lee, you don’t remember me I know, but you had just finished your Ph.D. when you interviewed me.” Now he is an associate professor of surgery, because he moved through the ranks very rapidly. I say to applicants that if you come to this school, if you stay here long enough, one day you are going to be angry with me but you are never going to be able to say Bob Lee lied to me, because I have enough of my grandfather in me to speak straight up, and I would rather you be angry with me by my giving you what I think is the truth than giving you a lot of junk, then you go off with half or no information and make some decisions on half information that I deliberately gave to you. So I am not going to lie to you. I think I have an easy approach to students. I try not to come across officiously but I can be firm with students. A student who needs to get tutorial assistance and is not, I will ask him, “Let’s fight for a minute, can we fight for a minute. Let me tell you something, if you want to

succeed you have to do x, y, z.” And then I say to him, “There you have it, get out.” Another thing I always try to say to students is, “There’s no children here. Yes, I am older than you but you are not a child and just as I have a right to speak openly and straight forwardly with you and not agree with you, you have a right to speak openly and straight forwardly with me and not always agree with me. It shows how wrong you are, but that is alright.” Dr. Robert Benson, who used to work with me, used to say to me, of me, “You do use humor to stick people, but you turn humor also back on yourself. That is just my style but I try to use humor to keep things moving smoothly, but I have no problem at all being as serious and unsmilingly firm.

As you go around the country do you feel that there are preconceptions about WashU having been an all-white university?

First of all I tell everyone this is a white school. It does not even come close to being a majority minority institution. You are going to find more people who don’t look like you than look like you. But to carry in your mind, whether it be WashU or any other school, that every white face is that of a redneck and that a racist is just as wrong as everybody saying everybody who looks like you is all these negative things. So you do yourself a disservice thinking that everyone is racist and against you. We have deliberately tried to flood the market with information about Washington University. We have a very elaborate system. On Monday when the we get the computer tape from AMCAS [American Medical College Application Service] and the files come in, I will go through all the files and get a printout of all the Black applicants in that pool. I will deliberately pull those folders and look through them and if there is a youngster who looks like he or she is interviewable I will authorize an interview right on the

spot. Within a week or so we send a computerized canned letter saying, “We love you, we are really glad you applied, we are here to be of help, my number and address are listed below, call on us if we can be of help to you.” When they come for an interview, we serve as one of the interviewers or I get on their schedule as a hello. Once they get accepted they get another “we love you” letter. So throughout the year I try to keep the contact with them and so we have changed the perception of Washington University.

When I first came, Washington University did not have a history of activity in minority medical education so they perceived, perhaps rightly so, that this was a no good racist place. I think people who were in the know, know that we are about serious business. We are in the minority community in St. Louis. I think that we have had a hand in helping change the perception of Washington University. Having grown up in St. Louis I can certainly remember my parents, my grandfather and other older people in the Black community saying, “Honey, don’t go to Barnes. No, don’t go to Barnes. First of all they are going to experiment on you because this is a research institution.” Someone just recently told me that it isn’t just the Black community that feels that Barnes is going to experiment on you, but certainly in the Black community, because they were basically put down by the laundry room. Robert Barnes, who after moving the hospital, it is my understanding I do not have this on fact, that there was not a covenant, but Black folks were not supposed to be in this hospital. The Washington University Medical Center, Jewish, Barnes and St. Louis Children’s, provide a tremendous amount of unreimbursed medical care. Certainly Children’s, which puts out \$4 to \$6 million a year in non-Medicaid care, so chronically and very seriously ill children for whom the coverage has run out or their insurance or so forth, takes them in. There are some people who are saying that those who have insurance and so forth are helping to pay for the health care of those who don’t have it,

but isn't that always what it is about. If you go to the Scriptures we are taught that the strong are to bear the infirmities of the weak. I think the Black community—because if you go through the corridors of Barnes Hospital, if you go on the wards you are going to see a lot of Black patients who would not have been there even 17 years ago. The other part of it is that the perception of Blacks physicians at Washington University has changed. More and more Black physicians are getting admitting privileges and more and more Black house staff are getting trained here. So the perception is changing.

When I first came there was the Mound City Medical Forum for Black physicians. The only reason they had any support for Washington University was because of the Black students here and if a Black student got into academic difficulty or if a student reported back to a Black physician and got to Mound City about racist behavior or insults and indignations there were people ready to pound on King's and Guze's desks or on their necks or heads. In this medical center there are probably 4500 to 5000 people who work here, because the full time faculty who work here are almost a thousand. So when you talk about ancillary medical staff you have the nurses and the LVNs and the aids and the dispatchers and the gofers and so forth, then you are talking about just security, you talk about housekeeping and so forth, the numbers grow and grow and grow. Somewhere in this megalopolis of 5000 people you are going to find a racist just as sure as the green grass grows, but you are also going to find a lot of people who are of good will, who accept human beings as human beings and who are promoters and supporters of opportunities for human beings. Again, I say to Black students, "Don't let the fact that this is a white institution turn you off. It is not a perfect school it still has its wrinkles but you are still going to find a people of good will." I have certainly found in the few months that he has been in his official role of Dean/Vice Chancellor, Bill Peck to be very supportive. As you know in two

weeks John Herweg is going to retire. Ed Dodson, who is going to be the Associate Dean for Admissions, and I have talked very positively. He certainly seems very supportive. Pat Cole, who is going to do the student affairs component of John Herweg's job, seems very supportive. There are a lot of people who are very, very supportive of opportunities for people. Jerry Fishbach, who is leaving, can be considered a champion. All of my contact with Phil Stahl has just been wonderful. People may not agree on every aspect but there is support for minority students.

Having come from a family, where I am the youngest of nine children. Of the nine children, I am the only one to go to college. My mother got into the eleventh grade, my father got into the tenth grade. My mother was a domestic, my dad drove a coal truck. I bet the most my dad ever made in a year was about \$9000 and that was big bucks. So for me to be able to sit on this side of the desk—there are a lot of people in my life who have been supporters and encouragers and so I really do feel blessed, and I use that word deliberately, that I have an opportunity to give back, to work towards promoting the academic and emotional well-being of Black youngsters. I live in Arnold, which is probably still 85% Jewish. One of the things I see about the Jewish religion is that it teaches its young from the womb to give back. So my efforts here are my opportunities to give back, because I didn't get the opportunity to sit on this side of the desk because I am just another pretty face. A lot of people who will be unnamed have had a hand in encouraging me and giving me that little extra boost, so again I must give back to all the Julian Mosleys who have come through and not make excuses for shortcomings but work to strengthen whatever shortcomings that we have.

Over the years, the various Black graduating classes have given me some sort of token and last year the 1989 class gave me that plaque because I continued to say to them, talking

about Galatians 6:10, it says, "As we therefore have opportunity let us do good to all men." And that is really what we are supposed to be doing, doing good to human beings. I probably have as many non-minority students kicking on my door as I have Black students. I always invite students in, and certainly at the freshman orientation, at which I tell students that I oil those hinges daily so that they will swing easily. There are several bits of programming that we do and if someone kicks on that door that has a problem, if I have the answer or can point them to someone who has the answer, I am happy to do that. I think that is one of the things that has made this office effective. Without trying to go out and drum up business, business just happens to fall in that door. Ernie Simms was a Black professor here. Ernie had not the first college degree, but he worked with Erlanger. Ernie Simms knew as much microbiology and was a full professor. If I jump up and down when I think that a Black student is getting screwed but sit back and cool my heels when a white student is getting screwed, that isn't fair. It makes my rantings and railings hollow if I let one group get screwed and not the other. We have a paradoxical position. I am an officer of this school but my very role causes me to in essence work against the hand that is feeding me, because in some times when advocating for the students it goes against something that is institutional. My role is to the institution but my role primarily is to the individual.

Of course you have helped to change the institution to make it more amenable to everyone, more supportive of all students.

I hope so. As long as I have the opportunity I will keep on doing that. I think that if I cannot do that honestly either I should have the courage to walk away or the school ought to get

rid of me. With all the lumps and bumps we have had over 18 years, I still say that this is a fine medical school that has the potential to do a lot of good, has done a lot of good to date. I think that the students ought to keep after us, because it keeps us, the faculty and the administration, on our toes.